

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: A FOOD TRAY WITH THUMB HOLES
Attorney Docket Number:: 2508-1020
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 10
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: IGNAZIO
Middle Name::
Family Name:: CONGIU
Name Suffix::
City of Residence:: POMEZIA (ROMA)
State or Province of Residence::
Country of Residence:: ITALY
Street of Mailing Address:: VIA BUSTO ARSIZIO 2
Address::
City of Mailing Address:: POMEZIA (ROMA)
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: 00040

Applicant Authority Type:: Inventor .
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: MAURIZIO
Middle Name::
Family Name:: LANUCARA
Name Suffix::
City of Residence:: ROMA
State or Province of Residence::
Country of Residence:: ITALY
Street of Mailing Address:: VIA CATALANI 4
Address::
City of Mailing Address:: ROMA

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: 00199

Correspondence Information

Correspondence Customer

00466

Number::

Representative Information

Representative Customer

00466

Number::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IT2002/000441	7/4/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::